

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.5em; font-family: cursive;">101036345</div>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CL.						